

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022591

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 10382Primary Registration District No. 2ndRegistrar's No. 1054

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Springfield

Length of stay in 1b

Transient

c. FULL NAME OF (If NOT in hospital, give location) Hosp.  
HOSPITAL OR INSTITUTION

DOA Burge-Protestant

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Calif.

b. COUNTY

Los Angeles

c. CITY  
OR TOWN

Long Beach

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

5449 Lime Avenue

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

GWYNETH

Middle

ANNA

Last

ECKROTE

4. DATE  
OF DEATH

Month

Day

Year

July 6, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9/3/1912

## 9. AGE (last birthday)

49

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Homemaking

## 11. BIRTHPLACE (City and state or country)

Eureka, California

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

James E. Wootten

## 13b. MOTHER'S MAIDEN NAME

Anna Bowman

## 14. NAME OF HUSBAND OR WIFE

Donald Eckrote

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give year or dates of service)

No

None

## 16. SOCIAL SECURITY NO.

Long Beach 5, Calif.

Donald Eckrote, 5449 Lime Ave.,

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Presumed to be natural causes

INTERVAL BETWEEN  
ONSET AND DEATH

sudden

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

-UNATTENDED BY A PHYSICIAN

Coroner of Greene County investigated

## DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased - was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Husband stated that deceased (had lung cancer but

20c. TIME OF  
INJURYHour a.m. p.m.  
Month, Day, Yeardespite her illness they made the trip to their son's wedding  
in Salem Mass. They were enroute home to Calif when she had this20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (In home, school, farm, factory, street, office bldg., etc.)

attacked and started screaming and was dead at hospital

## 21. I attended the deceased from

XXXXXXXXXXXXXXXXXXXX to XXXXXXXXXXXXXXXXXXXXXXX

and last saw her alive on

Death occurred at

2:00

A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D. Greene County Health Officer, Spfld Mo

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

7-7-62

## 23c. NAME OF CEMETERY OR CREMATORY

Local Cemetery

## 23d. LOCATION (City, town, or county)

Long Beach California

(State)

## 24. FUNERAL DIRECTOR

Springfield, Missouri.

Ralph Thieme, 1200 Boonville Ave.

## 25. DATE RECD. BY LOCAL REG.

7-11-62

## 26. REGISTRAR'S SIGNATURE

Effie E. Nelson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 14 1962

JUL 16 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ralph H. Klein*

Licensed Embalmer No.

*3681*

P. O. Address

*Springfield, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit renewed 7-7-62